

November 11, 2024

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W., Room 445-G  
Washington, DC 20201

***RE: Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2026; and Basic Health Program (CMS-9888-P)***

Dear Administrator Brooks-LaSure:

On behalf of the American Hospital Association's (AHA) nearly 5,000 member hospitals, health systems and other health care organizations, including approximately 90 that offer health plans, and our clinician partners — including more than 270,000 affiliated physicians, 2 million nurses and other caregivers — and the 43,000 health care leaders who belong to our professional membership groups, we thank you for the opportunity to respond to the Centers for Medicare & Medicaid Services' (CMS) request for comment on how navigators and non-navigator assistance personnel working within hospitals and health systems may help consumers access financial assistance programs to help pay for health care services.

**The AHA supports having navigators and other assisters work with their hospitals and health systems to help connect consumers to available financial assistance resources.** America's hospitals and health systems provide care to their community 24 hours a day, seven days a week. They are committed to providing quality and safe care to all individuals and delivering a care experience that meets patients' needs and expectations from appointment scheduling through payment for care provided. Hospitals and health systems welcome the opportunity to partner with assisters, who are already key resources for consumers navigating the complex health care system, to ensure all patients understand and are accessing available financial assistance.

While health insurance is intended to be the primary mechanism to protect patients from unexpected and unaffordable health care costs, coverage is falling short for too many. Inadequate health care coverage, including through plans with high out-of-pocket costs



that intentionally push more costs onto patients, leaves many Americans financially vulnerable when seeking medical care. As a result, a growing number of patients, even those insured, find they cannot pay for some or all their health care costs.

Hospitals and health systems' financial assistance policies help patients who cannot afford care by providing discounts based on the patient's income or other factors, such as the amount of the patient's bill. Through our [voluntary patient billing guidelines](#), the AHA encourages our members to provide free care for patients with income below 200% of the federal poverty limit. To the extent they can, many hospitals have chosen to implement even more generous policies.

Many hospitals [report](#), however, that patients are hesitant to pursue financial assistance either because they believe they will not qualify or are apprehensive about providing the information required to complete the application. Other hospitals report difficulties connecting with patients who may be eligible for financial assistance following care, requiring them to reach out several times, often without success. This results in eligible patients not receiving financial assistance and adds an administrative burden to an already strained health care workforce.

Moreover, financial assistance programs were originally designed to support *uninsured* patients, not insured patients who need help closing coverage gaps. Financial assistance is not an adequate response to health plans that feature unaffordable cost-sharing requirements under the guise of being "consumer-driven."

Hospitals and health systems welcome help from navigators and other assisters to educate patients about and access the financial resources available to them. Navigators are already trusted community resources for navigating health insurance coverage and would be a great asset in helping to reach patients who are otherwise not accessing available financial assistance. We also encourage navigators and assisters to expand their enrollment counseling to help patients enroll in plans with affordable deductible and cost-sharing requirements based on the patient's financial resources.

We appreciate CMS exploring how to expand the responsibilities of navigators and non-navigator assistance personnel to include helping patients access available financial assistance. Please contact me if you have questions, or feel free to have a member of your team contact Ariel Levin, AHA's director of coverage policy, at 202-626-2335 or [alevin@aha.org](mailto:alevin@aha.org).

Sincerely,

/s/

Ashley Thompson  
Senior Vice President  
Public Policy